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REPORTS

This evaluation report is a description of a project organized to meet the special needs of youngsters who exhibit a wide diversity of deficits that included mental retardation, brain damage, emotional disturbance, learning disability, and deafness. The purpose of the project was to improve the reading and language skills of eligible pupils. Three hundred exceptional pupils from fifteen non-public schools participated in the program. Pupils were selected for the program on the basis of residential area and educational disadvantage. Reading was taught to individual pupils either developmentally or remedially with emphasis on readiness, word attack, and comprehension skills. Speech therapy was clinically-oriented to offset individual speech problems and related language difficulties. The art component focused on a creative and motivational approach to meet reading and communication defects. Psychological and social work services were designed to promote optimal adjustment in order to make language instruction more meaningful. The Peabody Individual Achievement Test and Photo Articulation Test were used to assess reading improvement. The report concluded that a mean gain of 11.5 months was attained by the pupils in nine months. The self-concept and art-related questionnaire forms are included in the appendix. (Author/JP)

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EVALUATION REPORT

Function No. 09- 59632

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HANDICAPPED CHILDREN COMPONENT
REMEDIAl SERVICES, NON-PUBLIC SCHOOLS
ESEA, TITLE I

SCHOOL YEAR 1974-75

Paul Kahn

An evaluation of a New York City School district educational project funded under Title I of the Elementary and Secondary Education Act of 1965 (PL 89-10) performed for the Board of Education of the City of New York for the 1974-5 school year.

Dr. Anthony J. Polament, Director

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TABLE OF CONTENTS

Chapter 1: THE PROGRAM	1
Chapter 2: EVALUATIVE PROCEDURES	2
Chapter 3: FINDINGS	5
Evaluation Objective 7A / 5	
Evaluation Objectives 7B, C and D / 6	
Site Visits / 7	
Conferences / 8	
Clinical Staff / 11	
Chapter 4: SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	11
Chapter 5: EXEMPLARY PROGRAM ABSTRACT	13
APPENDIX	14
Table 30C / 14	
Table 30D (ART) / 15	
Table 30D (Self-Concept) / 16	
Art Evaluation Scale / 17	
Self-Concept Evaluation Scale / 18	

Chapter 1: THE PROGRAM

The project for handicapped children was one of eight components directed to the target population that attended non-public schools. Serving approximately 300 students in 15 self-contained and two itinerant special education programs at the primary and elementary levels, the Handicapped Children Component had as its aim the improvement of reading and language skills of eligible youngsters, thereby enhancing their educational achievement and potential. Toward that end, provision was made in the project for reading and art instruction, speech therapy coupled with psychological and social work services - all on an individual basis. Also featured was a rich assortment of instructional and testing materials supplemented by effective supervisory and training strategies.

During the 1974-75 school year, the project was organized to meet the special needs of youngsters who exhibited a wide diversity of deficits that included mental retardation, brain damage, emotional disturbance, learning disability and deafness. On the whole, children were selected into the program based upon two criteria: 1) residence in an appropriate attendance area and 2) educational deprivation. The target population was identified through the Title I Eligibility Survey conducted by an outside agency and certified as functioning below minimum competency in reading, as non-English speaking or as handicapped. Final selection remained the cooperative task of participating building principals, classroom teachers and Title I staff who assigned top priority to those students in most dire need of project services.

The methodology for attaining program objectives had a number of facets: a) reading was taught to individual children either developmentally or remedially with emphasis on readiness, word attack and comprehension skills; b) speech therapy was clinically-oriented to offset individual speech problems and related language difficulties; c) the art component focused on a creative and motivational approach to meet reading and communication defects and d) psychological and social work services were designed to promote optimal adjustment in order to make language instruction more meaningful.

The program was fully operational during the current school year from September, 1974 through May, 1975.

Chapter II: EVALUATION OBJECTIVES AND PROCEDURES

As delineated in the Evaluation Design, the objectives of evaluation, stated in measurable terms, were to:

1. Determine whether, as a result of participation in this component, the handicapped children will demonstrate statistically significant improvement in vocabulary development, word attack skills and reading comprehension.
2. Determine whether, as a result of participation in the program, the handicapped children will show a statistically significant difference in oral, receptive and expressive language and speech facility as measured by the Photo Articulation Test (P.A.T.).
3. Determine if, as a result of participation in the program, the retarded child who receives art instruction will show a statistically significant improvement in language concepts, recognition of color and form, muscle coordination, and emotional release as measured by observation of the child's work and behavior and a rating scale.

4. Determine if, as a result of participation in the program, the children will show a statistically significant difference in self-concept as measured by a scale to be developed by the program staff.

The following procedures were utilized to meet the evaluation objectives. For all students, improvements in reading were determined by obtaining pre- and posttest raw scores on The Peabody Individual Achievement Test. Because the point scores for the Reading Recognition section of the test are not equivalent in value to the point scores for the Reading Comprehension section, it was not statistically valid to use total scores in the treatment and analysis of the data. Hence, a separate analysis was made of the results of each of the two subtests. The statistical significance of the degree of change between pretest and posttest raw scores was calculated separately, using a correlated t-test for both Reading Recognition and Comprehension.

In similar fashion, a correlated t-test was utilized to treat the raw data obtained for the pupils on the Photo Articulation Test. Consequently, it was possible to determine if there was statistically significant improvement in speech and language development, as indicated by the extent of change between pre- and posttest scores.

Gains in self-concept and art-related behaviors were measured with scales developed by the program coordinator with the approval of the Offices of Funded Programs and Educational Evaluation. Copies of both instruments may be found in the Appendix. Since the experimental design consists of related samples and the data suggest magnitude as well as rela-

tive direction from pretest to posttest, the Wilcoxon Matched-Pairs-Signed-Ranks Test was substituted with the consent of the Office of Educational Evaluation for the less powerful Median Test stipulated in the original evaluation design. To determine whether there had been statistically significant improvement in both areas, z-score's were computed from the raw data.

Furthermore, in order to assess the extent and quality of implementation of the program as specified in the proposal and recommendations of the previous evaluator, the project was monitored closely through site visits made at its inception and at its termination. Over the course of these visits, all specialists were observed and/or interviewed in depth; school administrators were consulted and classroom teachers questioned. Moreover, continual contact was maintained with the project coordinator to obtain data on all aspects related to program functioning.

All handicapped children in each program segment were tested with appropriate instruments in the manner prescribed by the evaluation design; namely, pretests were administered at the beginning of the program in September and October, 1974. Posttests were given shortly before its termination in May, 1975.

There were no discrepancies in numbers tested as compared with actual numbers in various parts of the program.

Chapter III: FINDINGS

1. Evaluation Objective 7 A. To determine whether, as a result of participation in this component, the handicapped children will demonstrate statistically significant improvement in vocabulary development, word attack skills and reading comprehension.

For reasons stipulated earlier, this objective was evaluated in two parts: Reading Recognition and Reading Comprehension. As noted in Table 30C, all but two students who entered the program initially in the 15 schools (itinerant schools excluded) were tested at the close of the project. Analysis of the results on both sub-tests yielded statistically significant gains at greater than the .001 level of confidence. Thus, Objective 7 B. was met.

Equally significant, perhaps, these remarkable results for all the pupils in the program (292) were obtained despite the fact that a substantial number of them (30 in two schools alone) displayed handicaps so severe that they were unable to function adequately on the Reading Comprehension sub-test.

The present evaluator did not undertake a complete separate analysis of the relatively small number (22) of deaf children served by the program, as had been accomplished by his predecessor, who found the gains educationally but not statistically significant. However, comparison of the mean scores currently attained by the deaf children on the posttest with those of the group as a whole indicated that the small group improved in Reading Recognition at almost double the rate (11.32 vs 5.76) of the large group. The findings are much the same in favor of the deaf youngsters on the Reading Comprehension sub-test (9.14 vs 4.89).

2. Evaluation Objectives 7 B, C and D. To determine if, as a result of participation in the program, the handicapped children will show a statistically significant difference in B) oral, receptive and expressive language and speech facility as measured by the Photo Articulation Test; C) language concepts, recognition of color and form, muscle coordination and emotional release as measured by observation of the child's work and behavior and a rating scale; D) self-concept as measured by a scale to be developed by the program staff.

With particular reference to Objective 7 B, the results shown by the pretest and posttest raw scores on the Photo Articulation Test conclusively indicate statistically significant gains in language and speech development well beyond the .001 level of confidence. Reference to Table 30C demonstrates that approximately 65% (192) handicapped children in the program were enrolled in the speech therapy component. For these pupils, the objective was achieved.

Only 52 students were enrolled in the art component of the program for handicapped children. Differences between pretest and posttest scores in art-related behaviors among the target population were statistically significant beyond the .001 confidence level, thereby attaining Objective 7 C. Because the Wilcoxon Test does not incorporate means and standard deviations, these measures have been excluded from Table 30C. However, the essential "z" and "T" scores have been specified therein.

As a consequence of including visually-handicapped and other children in itinerant schools, it was possible to administer the self-concept scale to 325 youngsters. Table 30C shows that the degree of change in self-concept between pretest and posttest scores was significant statistically at greater than the .001 level. As a matter of interest, although the Wilcoxon

Test was applied, means were calculated for the pretest (113.91) and the posttest (103.34). Obviously, the mean difference is considerable, 10.57.

3. Findings During Site Visits:

A total of 31 interviews were conducted with building principals and special education classroom teachers. The consensus was that they were quite pleased with the program; that the specialists were extremely cooperative and helpful and that the children were progressing well and improving in self-image.

Observation of such progress by the evaluator himself was made possible through the cooperation of the program coordinator and the specialists. By prior arrangement, 17 of the children were observed during both the initial and the final site visits. After an elapsed time interval of some six months, a substantial number of these youngsters seemed more self-assured, better able to function educationally and performing at a higher achievement level.

Also observed almost universally were individual lesson plans, a multiplicity of instructional materials geared to the many handicaps suffered by the target population, a wide variety of teaching approaches appropriate for these children, selective use of tokens, rewards and verbal reinforcement as well as application of written materials and notebooks to evaluate and fix learnings.

Observation of the specialists personally disclosed that, on the whole, they were interested in and concerned

about the children, willing to participate in activities with the children and able to provide a warm, accepting and supportive climate in which to learn. Interestingly enough, in seven observed instances, the specialists felt that the children were ready for or able to function in small groups of two or three.

The previous evaluator noted that, "Questions used by the Title I specialists during instruction frequently did not require the pupils to attend to more than isolated bits of information." Accordingly, he recommended increased use of higher-order questioning. From his own observations, the present evaluator found that 68% of the specialists predominantly tended to raise narrow questions and to elicit one-word answers. By contrast, 32% emphasized broad questions calling for thought and discussion.

Direct observations revealed that the project, as implemented, coincided fully with that described in the proposal. Additionally, the coordinator and her staff were highly successful in its implementation.

4. Findings During Conferences

Following the observations, conferences were held with 28 specialists in the field: 15 reading teachers, 7 speech teachers, one art teacher, two psychologists and two social workers. Based on a prepared form, responses were sought relative to their records, opinions, problems and suggestions.

Considerable variability was found in the quality and quantity of records kept by the specialists. While

most of the teachers had statements of diagnoses (19) and long range plans (20), there seemed to be a need for prescriptions directly related to diagnoses and for ongoing statements of progress in terms of specific pupil deficits.

Unlike the previous evaluator, a great deal of uniformity was found by this evaluator in terms of communication and joint planning. A form (R-11) had been developed and utilized widely to coordinate the activities of the specialists. Commonly kept also were records of conferences which attested to continual communication with classroom teachers, parents, and/or administrators. Moreover, the evidence is that monthly case conferences were conducted, jointly involving teachers, psychologists and social workers. A daily occurrence, informal conferences were held by classroom teachers and specialists.

Like the previous one, this evaluator found that the "project coordinator provided the specialists with an intensive orientation at the beginning of the project year as well as a good in-service training component throughout the project year." This aspect proved especially important because, apart from some reading and course work, little else appeared to have been done to upgrade their own skills during the project year.

Asked to rate various aspects of the program on a scale from 1 (lowest) to 5 (highest), the teachers scored "Variety and Appropriateness of Materials Supplied by the Program" most favorably (mean=4.69); second was "Cooperation of the Host School" (mean=4.5). Lowest rating was accorded "Space Available for Use of Specialists," with a mean score

of 3.69. "Staff Conferences and Workshops" received a mean rating of 4.31.

Viewing the Title I program in its entirety, the specialists give the highest of all ratings to "Overall Effectiveness of the Program" (mean = 4.71). Advanced as reasons for the top score were: positive feedback from classroom teachers and parents; excellent test results; observation of progress in terms of pupil behaviors and positive attitudes of the children toward themselves and school.

By far the most pressing problem expressed by the specialists was the inadequacy of space, including poor storage facilities, shared rooms and distractions while in the process of teaching. In its wake as a serious problem was lack of time for adequate teaching, for conferring with others and for attending workshops and conferences.

From the foregoing, it would follow that suggestions relating to improving space and time arrangements were cited most frequently by the Title I specialists. Also given frequent mention were recommendations to increase the supportive services of the psychologist and social worker; scheduling monthly case conferences on pupil problems. Receiving occasional mention were such suggestions as: 1) to change structured daily lesson plans to more open individual logs; 2) to maintain cumulative pupil folders with diagnosis, prescriptions, anecdotal notations and samples of pupil work that denote progress; 3) to devise varied programs to upgrade teaching skills, including professional book lists, scheduled intervisitations, attendance at conferences and

workshops, coordinated speech-reading-art workshops, supervision of the speech program and end-of year evaluations and planning for the coming year.

5. Findings Regarding Clinical Staff

Interviews with the psychologists and social workers revealed that they provide a variety of functions ranging from pupil contacts to teacher and home services. They believe that their major accomplishments include involvement of a substantial number of parents in the program, institution of monthly casework meetings and making children more amenable to clinical intervention and program remediation.

Among the suggestions they made for improving their effectiveness are to place the project coordinator in charge of referrals and have them routed through her, to deploy clinical staff where needed most rather than in schools that already have these services and introduce a rating scale to measure their effectiveness. (One such already exists at one of the schools.)

Chapter IV: SUMMARY OF MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

In summary, the analysis of data indicate that the objectives of the program were entirely achieved in that statistically significant gains at the .001 level of confidence were made in participant reading, language, speech and art skills and in self-concept. The project was also favorably viewed by Title I specialists and non-project personnel alike. Furthermore, observations clearly indicated that the program,

as implemented, coincided closely with that of the proposal and that the recommendations of the preceding evaluator were largely carried out. Hence, the major recommendation that emerges from the present evaluation is that the program should be recycled and, if at all possible, services should be increased.

Listed below is a set of additional recommendations intended to strengthen an already-sound program. It should be noted that most are an extension or re-arrangement of current operations.

1. Consider establishing a uniform record keeping system that is at once coordinated and simplified. The system should be based on diagnosis, prescriptions, ongoing evaluation and criterion levels to be attained to meet pupil deficits and to exit from the program. Among the mechanisms that might be so adapted are cumulative record folders, anecdotal records, casework reports, logs, progress charts and the like. Input to the system should bear on specific deficits and should be made by all specialists in the field.
2. On a trial basis, consider introducing a commercial program, such as Distar, to broaden pupil response to questions and to promote concept-development. As noted earlier, it would appear that numbers of children and specialists are ready for the small group approach that may be required.
3. Consider the introduction of a rating scale to evaluate pupil growth over the project year as a result of the special clinical services (psychologist and social worker). In conformity with those already in existence in the field, it might be administered to parents and/or classroom teachers on a pretest and post-test basis.
4. Consider forming a liaison committee of staff to provide input to the coordinator on such matters as teacher training, ordering and distribution of materials, allocation of space, instructional time and personnel and the resolution of problems that might arise.

Chapter V: EXEMPLARY PROGRAM ABSTRACT

Component Code	Activity Code	Objective Code
6 4 9 6 1	7 2 0	8 0 1

By means of a conversion table, it was found that the Reading Recognition Component of the Handicapped Children Program met the criterion for written abstract; namely, "more than 60 hours of treatment with results which showed gains (norm referenced) in excess of one month's gain for each month of treatment." Indeed, a mean gain of 11.5 months was actually attained in a period of nine months.

The excellent showing may be accounted for by virtue of a number of intrinsic elements, the most significant of which is probably the one-to-one relationship of teacher to pupil. Other factors worthy of mention are: 1) the wealth and variety of appropriate materials; 2) the warm, concerned learning climate; 3) the variety of instructional approaches; 4) the competence of the coordinator and the staff; 4) the cooperation of the host schools; 5) the effectiveness of the training program and 6) the evaluation and reinforcement of pupil processes and products.

HANDICAPPED CHILDREN PROGRAM - Title I - ESEA - NPS
Function No. 09-59632

Use Table 30C. for norm referenced achievement data not applicable to tables 30A. and 30B.

30C. Standardized Test Results

Standardized Test Results
In the table below, enter the requested information about the tests used to evaluate the effectiveness of major project components/activities in achieving desired objectives. Before completing this form, read all footnotes. Attach additional sheets if necessary.

51

1/ Identify Test Used and Year of Publication (MAT-58; CAT-70, etc.)

7/ Test statistic (e.g., t ; F ; χ^2).

2/ Total number of participants in the activity

8/ Obtained value

2/ Total number of participants in the activity
3/ Identify the participants by specific grade level (e.g., grade 3, grade 5). Where several grades are combined, enter the last two digits of the component code.

9/ Specify level of statistical significance obtained (e.g., $p < .05$; $p < .01$).

4/ Total number of participants included in the pre and post test calculations.

* Wilcoxon Test

5 1 = grade equivalent; 2 = percentile rank; 3 = Z Score; 4 = Standard score (publisher's); 5 = stanine; 6 = raw score; 7 = other.

6/ S.D. = Standard Deviation

Measures of growth other than Standardized Tests

30D. This question is designed to describe the attainment of approved objectives not normally associated with measurement by norm referenced standardized achievement tests. Such objectives usually deal with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self (as indicated by repeated interviews), etc., are frequently held to be prerequisite to the shift toward increased academic achievement by disadvantaged learners. Where your approved measurement devices do not lend themselves to reporting on tables 30A, B or C, use any combination of items and report on separate pages. Attach additional pages if necessary.

Component Code	Activity Code	Objective Code
6 0 8 6 1	7 2 0	8 2 5 ART

52

Brief Description The Art Evaluation Scale consisted of 20 items which were rated by teachers on the basis of observation of children's behaviors. It is intended to show growth in language concepts, recognition of color and form, muscle coordination and emotional release.

Number of cases observed:

5	2
---	---

 Number of cases in treatment:

5	2
---	---

Pretreatment index of behavior (Specify scale used): The scale ranges from 1 (never) to 5 (always). On a pretreatment basis, the children are expected to rate at the lower end of the scale on each of the behaviors tested.

Criterion of success: Increase in mean behaviors from pretest to posttest.

Was objective fully met? Yes No If yes, by what criteria do you know? Wilcoxon Test shows a mean difference that is statistically significant beyond the .001 level of confidence.

Comments:

Measures of growth other than Standardized Tests

30D. This question is designed to describe the attainment of approved objectives not normally associated with measurement by norm referenced standardized achievement tests. Such objectives usually deal with behavior that is indirectly observed, especially in the affective domain. For example, a reduction in truancy, a positive change in attitude toward learning, a reduction in disruptive behavior, an improved attitude toward self (as indicated by repeated interviews), etc., are frequently held to be prerequisite to the shift toward increased academic achievement by disadvantaged learners. Where your approved measurement devices do not lend themselves to reporting on tables 30A, B or C, use any combination of items and report on separate pages. Attach additional pages if necessary.

Component Code	Activity Code	Objective Code
6 4 9 6 1	7 0 4	8 0 9

52

Brief Description The Self-Concept Evaluation Scale consisted of 44 items which were rated by the teachers based on observation of the children's behaviors. Thirty of the items focus on aggressive or negative behaviors; the remaining fourteen stress positive or responsible behaviors.

Number of cases observed:

3	2	5
---	---	---

 Number of cases in treatment:

3	2	5
---	---	---

Pretreatment index of behavior (Specify scale used): The scale for the negative items ranges from 1 (never) to 5 (very frequently); for the positive items, the scale is reversed to 1 (very frequently) and 5 (never). At pretreatment, the children should rate at the high end of the scale.

Criterion of success: Decrease in mean behaviors from pretest to posttest.

Was objective fully met? Yes No If yes, by what criteria do you know? Wilcoxon Test shows a mean difference that is statistically significant beyond the .001 level of confidence.

Comments:

CHILD'S NAME _____
 INTERDATE _____ CLASS _____
 ART TEACHER _____

SOCIAL

PRE-TEST SCORE - (Blue pencil)
 POST-TEST SCORE - (Red pencil)

This is a scale to help measure whether the child has shown growth in fundamentals of art, language development, manipulative ability, and self-image, as a result of the special Title I Art instruction for retarded children.

Please read each statement below and circle the one word of each item that best describes this child.

	Never 1	Seldom 2	Sometimes 3	Often 4	Always 5
1. Child confuses red with green.					
2. Can manipulate scissors so that they cut on (or near) a given line.	Never	Seldom	Sometimes	Often	Always
3. Can trace around a simple given shape.	Never	Seldom	Sometimes	Often	Always
4. Can manipulate a paint brush to cover a 3 dimensional object with paint.	Never	Seldom	Sometimes	Often	Always
5. Can color (crayon or paint) within a given area.	Never	Seldom	Sometimes	Often	Always
6. Can follow 3 consecutive directions.	Never	Seldom	Sometimes	Often	Always
7. Can place and/or paste shapes within a given area.	Never	Seldom	Sometimes	Often	Always
8. Can tie a simple knot.	Never	Seldom	Sometimes	Often	Always
9. Can recognise and name 3 primary, 2 secondary colors, black and white.	Never	Seldom	Sometimes	Often	Always
10. Can identify 4 shapes. (circle, square, rectangle, triangle)	Never	Seldom	Sometimes	Often	Always
11. Can identify largest and smallest object in a series.	Never	Seldom	Sometimes	Often	Always
12. Can find one shape inside another.	Never	Seldom	Sometimes	Often	Always
13. Can find one shape outside another.	Never	Seldom	Sometimes	Often	Always
14. Can find the top of a shape.	Never	Seldom	Sometimes	Often	Always
15. Can find the bottom of a shape.	Never	Seldom	Sometimes	Often	Always
16. Understands simple art vocabulary.	Never	Seldom	Sometimes	Often	Always
17. Generalizes about own art work.	Never	Seldom	Sometimes	Often	Always
18. Exhibits originality and imagination.	Never	Seldom	Sometimes	Often	Always
19. Shows pleasure and satisfaction in creating work.	Never	Seldom	Sometimes	Often	Always
20. Has developed attention span to complete project (ex: Completes work assignment).	Never	Seldom	Sometimes	Often	Always
21. Shows self confidence in handling materials (ex: Willing to use new media).	Never	Seldom	Sometimes	Often	Always

EVALUATION SCALE (SELF-CONCEPT)

CHILD'S NAME _____ SCHOOL _____

This is a scale to help measure whether the above child has shown growth over the school year as a result of Special Title I Services.

Listed below are a series of statements. Please read each statement and circle the one word in each item that best or most closely describes this child. Circle only ONE word. Do not leave out any items.

Columns 1 2 3 4 5

EXAMPLE: Child protests going to bed.	Never	Rarely	Sometimes	Often	Very Frequently	
1. Child tends to avoid eye contact.	Never	Rarely	Sometimes	Often	Very Frequently	
2. Child seems upset by changes (ex: teacher absences, changes in routine, etc.)	Never	Rarely	Sometimes	Often	Very Frequently	
3. Child exhibits physical mannerisms. (ex: enuresis, tics, thumb sucking, soiling.)	Never	Rarely	Sometimes	Often	Very Frequently	
4. Child acts aggressively to peers. (ex: hits, pushes.)	Never	Rarely	Sometimes	Often	Very Frequently	
5. Child whines and cries.	Never	Rarely	Sometimes	Often	Very Frequently	
6. Child is verbally abusive. (ex: criticizes peers and adults, cursing.)	Never	Rarely	Sometimes	Often	Very Frequently	
7. Child acts aggressively to adults.	Never	Rarely	Sometimes	Often	Very Frequently	
8. Child bullies younger and weaker children.	Never	Rarely	Sometimes	Often	Very Frequently	
9. Child makes negative comments about himself and his abilities.	Never	Rarely	Sometimes	Often	Very Frequently	
10. Child performs self-destructive acts. (ex: head-banging, falling, etc.)	Never	Rarely	Sometimes	Often	Very Frequently	
11. Child complains of physical symptoms (ex: headaches, stomach aches, being tired, etc.)	Never	Rarely	Sometimes	Often	Very Frequently	
12. Child sleeps in class or rests with head on desk.	Never	Rarely	Sometimes	Often	Very Frequently	
13. Child gives up easily when faced with difficult tasks.	Never	Rarely	Sometimes	Often	Very Frequently	
14. Child has temper tantrums.	Never	Rarely	Sometimes	Often	Very Frequently	
15. Child seeks help on tasks of which he is capable of accomplishing on his own.	Never	Rarely	Sometimes	Often	Very Frequently	
16. Child clings or stays in close proximity of adults.	Never	Rarely	Sometimes	Often	Very Frequently	
17. Child needs reassurance and praise of correctness of responses and actions.	Never	Rarely	Sometimes	Often	Very Frequently	
Child cheats in games and tests.	22	Never	Rarely	Sometimes	Often	Very Frequently

	Never	Rarely	Sometimes	Often	Very Frequently	
19. Child avoids competitive situations.						
20. Child is afraid to play outside by himself.	Never	Rarely	Sometimes	Often	Very Frequently	
21. Child shows extreme fluctuations in mood.	Never	Rarely	Sometimes	Often	Very Frequently	
22. Child takes things that do not belong to him.	Never	Rarely	Sometimes	Often	Very Frequently	
23. Child tries to be center of attention. (ex: by clowning, provocative behavior, etc.)	Never	Rarely	Sometimes	Often	Very Frequently	
24. Child goes from task to task without completing any.	Never	Rarely	Sometimes	Often	Very Frequently	
25. Child is fearful of making mistakes, and over-reacts when he does.	Never	Rarely	Sometimes	Often	Very Frequently	
26. Child complains others are picking on him.	Never	Rarely	Sometimes	Often	Very Frequently	
27. Child worries excessively about little things.	Never	Rarely	Sometimes	Often	Very Frequently	
28. Child allows other children to bully and take advantage of him.	Never	Rarely	Sometimes	Often	Very Frequently	
29. Child appears tense.	Never	Rarely	Sometimes	Often	Very Frequently	
30. Child fantasizes excessively and has weird ideas beyond the norm.	Never	Rarely	Sometimes	Often	Very Frequently	
31. Child plays and interacts with other children.	Very Freq.	Often	Sometimes	Rare	Never	
32. Child initiates conversation with peers.	Very Freq.	Often	Sometimes	Rare	Never	
33. Child shows appropriate emotions (ex: laughs at things that are funny, cries at sad things, etc.)	Very Freq.	Often	Sometimes	Rare	Never	
34. Child works independently.	Very Freq.	Often	Sometimes	Rare	Never	
35. Child shows self-confidence (ex: willing to try new experiences.)	Very Freq.	Often	Sometimes	Rare	Never	
36. Child initiates conversations with adults.	Very Freq.	Often	Sometimes	Rare	Never	
37. Child assumes responsibilities (ex: runs errands)	Very Freq.	Often	Sometimes	Rare	Never	
38. Child makes decisions independently.	Very Freq.	Often	Sometimes	Rare	Never	
39. Child is sought out by peers.	Very Freq.	Often	Sometimes	Rare	Never	
40. Child gives behavioral indication of enjoying what he is doing (ex: shows enthusiasm and interest, etc.)	Very Freq.	Often	Sometimes	Rare	Never	
41. Child interacts positively with adults.	Very Freq.	Often	Sometimes	Rare	Never	
42. Child is able to take leadership role in games.	Very Freq.	Often	Sometimes	Rare	Never	
43. Child completes work assignments.	Very Freq.	Often	Sometimes	Rare	Never	
ERIC Child spontaneously volunteers in class.	23	Very Freq.	Often	Sometimes	Rare	Never